

THE KENTUCKY BOARD OF VETERINARY EXAMINERS

*P.O. Box 1360
Frankfort, Kentucky 40602
(502) 564-3296*

APPLICATION FOR VETERINARY TECHNICIAN/TECHNOLOGY REGISTRATION

This application must be completed by a veterinarian licensed in Kentucky and the individual seeking to be registered as a veterinary technician/technologist pursuant to Chapter 321 of the Kentucky Revised Statutes adopted by the Kentucky Board of Veterinary Examiners. All questions must be answered and the answers thereto shall be subscribed and sworn to as set below:

PLEASE PRINT OR TYPE

1. Name: _____ Social Security Number _____

2. Address: _____

(All correspondence will be mailed to this address)

3. Telephone Number: () _____ Parents Telephone Number () _____

4. Have you ever applied for registration as a veterinary technician/technologist in Kentucky? (If yes, give registration number or reason for denial). _____

5. Name of other states in which you are registered/licensed to practice as a Veterinary Technician/Technologist? (You must provide this board with a letter of good standing from each state's licensure Board of agency) _____

6. Have you ever had a registration/license denied, suspended or revoked in any state or have you ever received a reprimand as the result of unethical, immoral or illegal conduct by any licensure board or agency?
No _____ Yes _____. If yes, explain _____

7. Have you ever been convicted of a felony? _____ If yes, give details on a separate sheet, including dates, the court(s), reference to the court records, if any, and a copy of the disposition of each matter.

8. Have you ever taken the Veterinary Technician National Examination? _____ Number of times taken _____
List any state(s) in which you have failed the National Examination and give the dates of the examination.

9. Education:

School	Name and Location	Dates Attended		Date of Graduation		Degree Obtained
		From	To	Month	Year	
High School						
Under Graduate School						

10. Does the applicant have any experience in any of the following fields, please check:

- | | |
|---|---|
| _____ a. Dental procedures with animals | _____ g. Surgical preparations |
| _____ b. Fitting of large animals | _____ h. Surgical assistance |
| _____ c. Laboratory experience | _____ i. Anesthesia administration and monitoring |
| _____ d. X-ray experience | _____ j. Supplies and equipment management |
| _____ e. Collection of laboratory samples | _____ k. Sterilization of equipment |
| _____ f. Kennel or stable management | _____ l. Taking of case histories |

11. Attach a copy of your diploma. If you have not yet graduated, you are advised to submit a copy of your diploma immediately upon graduation.

12. There must be attached to this application, a cashier's check, certified check or postal money order, made payable to the Kentucky State Treasurer, in the amount of \$125.00 (\$25.00 application fee which is non-refundable, and \$100.00 Veterinary Technician National Examination fee).

You are instructed that an applicant for registration shall only be eligible for registration as an active veterinary technician/technologist once you have met the following requirements: (1) graduate of an approved veterinary technician program (2) successful completion of the Veterinary Technician National Examination (3) appropriate fee (4) copy of diploma (5) employed by a licensed Kentucky veterinarian, and (6) letter from the employing veterinarian stating you will be employed under his/her direct supervision as a veterinarian technician/technologist.

I hereby state, under oath, that the statements contained herein are true.

Signature of Applicant

Date

Subscribed and sworn to before me by _____ (applicant), this _____ day
of _____, 20_____.

Notary Public

My commission expires: _____

Do Not Write Below This Line - - For Board and Office Use Only

FEE RECEIPT: Amount \$ _____ Date _____
Deposited PV No. _____
Registration Number _____
Date of Registration _____

Board Review Date: _____
Approved _____ Denied _____
Board Members Initials _____
